

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/500543	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	2		1			
6	1		1			
7			1			
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TOTAL IND.		2				
TOTAL DEP.		9				
TOTAL CLAIMS		11				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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